

REFUNDS AND TAX PAYMENT AUTHORIZATION

Acceptance by client constitutes a mutual understanding and agreement with all terms & engagement of Hellman & Associates, LLC (the "Firm" or "EA")
Work will not pay your tax balance or direct your refund without signed authorization on file

CLIENT NAME(S): _____

All tax returns will be e-filed unless for technical reasons we are unable to, or you have opted out. **Please check all the boxes that apply in items 1-5:**

1. OVERPAYMENTS

Please apply some/all of my refund to next year's estimated tax payments. 1st 2nd 3rd All
 I prefer to receive a refund **If you checked All skip to Step 2**
 Please schedule automatic payments of my estimated taxes. (You are responsible for funding your account by withdrawal dates)

2. REFUNDS

I want the IRS and State to deposit my refund directly into my bank account. **See 4. below.**
 No, I prefer to receive a check.

3. BALANCE DUE

Yes, I want to authorize Hellman & Associates, LLC d/b/a/ Tax Prep Tech to pay my taxes via electronic funds withdrawal using the **bank account provided in Step 4.** on transmittal day (1-3 days after we received your signed documents). We are not responsible for overdrafts due to insufficient funds to pay your balance due. Please be sure the account is funded prior to authorization.
 No, I don't want to. I will pay by check with a voucher, or I will pay online at www.irs.gov/payments/direct-pay

4. BANKING INFORMATION (FOR REFUNDS & BALANCE DUE)

Refunds may be deposited into 1, 2, or 3 accounts, or 2 accounts and 1 IRA
ACCOUNT 1

BANK NAME
ACCOUNT NUMBER
ROUTING NUMBER
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

ACCOUNT 2

BANK NAME
ACCOUNT NUMBER
ROUTING NUMBER
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> Filing Year IRA Contribution <input type="checkbox"/> Due Date Year IRA Contribution

5. IDENTIFICATION

As an additional means of validating a taxpayer's identification, AZ, AR, CA, CO, KS, NM, NY, OH, VT, WI require driver license or state identification on state returns. Failure to provide this info will cause delays in processing refunds.

Yes, I have a driver license or state identification card

TAXPAYER

SPOUSE

STATE	ID NUMBER	STATE	ID NUMBER
EXP	ISSUE DATE	EXP	ISSUE DATE
DOC NUMBER (NY ONLY)		DOC NUMBER (NY ONLY)	

No, I do not have a driver license or state identification card (minor, foreign-resident, etc.)

6. PAYMENT FOR TAX PREPARATION

All fees must be paid prior to e-filing

<input type="checkbox"/> CREDIT CARD	Cardholder Name (as shown on card):
<input type="checkbox"/> CHECK	Card Number:
<input type="checkbox"/> PAYPAL - zack@taxpreptech.com	Expiration Date
<input type="checkbox"/> ZELLE - zack@taxpreptech.com	CVC
<input type="checkbox"/> CASH	Cardholder ZIP Code (from credit card billing address):

CLIENT SIGNATURE _____

DATE _____

Hellman & Associates, LLC

5308 Range View Ave • Los Angeles, CA 90042 • Tel (347) 249-4990 • Fax (310) 734-1560 • zack@taxpreptech.com • www.taxpreptech.com